

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>10895</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Steven</u> <u>R</u> <u>Waitman</u> P O Box, Bldg , Room No , if any _____ Street <u>18378 Graham Rd</u> City <u>Waynesfield</u> State <u>Ohio</u> ZIP Code + 4 <u>45896</u>	4 Name, file number, and address of labor organization Name <u>Int'l Brotherhood of Teamsters Local 908</u> Labor Organization File Number <u>072539</u> P O Box, Building and Room Number, if any _____ Street <u>800 St. Johns Avenue</u> City <u>Lima</u> State <u>Ohio</u> ZIP Code + 4 <u>45804</u>
5 Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ \$0

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Steven A. Waitman

On

8/15/2005

Date

419 229-5080

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name Ohio Conference of Teamsters Ind H&W Fund

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 435 S Hawley St.

City Toledo

State Ohio

ZIP Code + 4 43609

9 Business deals with

☐ a Labor Organization☒ b. Trust☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name Ohio Conference of Teamsters Ind H&W Fund

Trade Name, if any

P O Box, Bldg, Room No., if any

Street 435 S. Hawley St.

City Toledo

State Ohio

ZIP Code + 4 43609

11.a Nature of such dealing

1. Reimb. for Travel expenses to attend an educational conf as chairperson of the Fund's Board of Trustees. (\$825 00)

2 Payment of reg fee and room deposit for attendance at the Int'l Foundation of Employee Benefit Plans ann conf. 2004. (\$1310.00)

11 b. Approximate dollar value of such dealing.

\$2,135

12 a Nature of interest held or income received

12 b Amount

\$0

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No., if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐ ?

14 b. Amount of payment.

\$0